

## Registration Form

### CDC's 2006 National Health Promotion Conference

*Innovations in Health Promotion: New Avenues for Collaboration*

September 12-14, 2006 • Hilton Atlanta, Atlanta, Georgia

*Online registration is preferred and is available at [www.cdc.gov/cochp/conference](http://www.cdc.gov/cochp/conference) or you may complete and submit the form below.*

Name: \_\_\_\_\_ Degrees: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Division/Program: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Needs/Requests: \_\_\_\_\_  
Name (as you would like it to appear on your badge): \_\_\_\_\_

*Name badge must be worn at all times during the conference and will be required by security to enter any event.*

#### Registration Type:

- ☐ Full Registration (by 8/15/2006) \$395    ☐ Late/On-Site Registration \$450  
☐ One-Day Registration \$250    ☐ Full Time Student Registration \$135

#### Additional Events: *(All are complimentary, please check if you plan to attend.)*

- ☐ Regional Planning and Networking Event (Tuesday)  
☐ Exhibit Hall Opening Lunch (Tuesday)  
☐ Networking Lunch (Wednesday)  
☐ Gala Reception (Wednesday)

#### Payment Information:

Make checks payable to Directors of Health Promotion & Education (DHPE). Please send check or purchase order payments with a copy of this registration form to Directors of Health Promotion & Education (DHPE), Attn: Valerie Collins, PO Box 4476 Brandon, MS 39047 (DHPE Federal ID Number: 64-0856843).

☐ Purchase Order # \_\_\_\_\_ ☐ Check # \_\_\_\_\_

#### Credit Card: ☐ VISA    ☐ MC    ☐ AMEX

Account # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Total Amount Enclosed:** \_\_\_\_\_

# Registration Form

Please check all that apply (up to 3) from each category that most clearly describes your profession, work setting, and type of work activity. To better serve our conference participants as we plan for future conferences, please answer the following questions:

## PROFESSION

- ☐ Communications Specialist
- ☐ Health Educator
- ☐ Statistician
- ☐ Congressional Staff
- ☐ Nurse
- ☐ Student
- ☐ Dietitian
- ☐ Physician
- ☐ Other (specify)
- ☐ Epidemiologist
- ☐ Program Manager
- ☐ \_\_\_\_\_
- ☐ Health Administrator
- ☐ Researcher
- ☐ \_\_\_\_\_

## WORK SETTING

- ☐ CDC
- ☐ Non-Profit Organization
- ☐ Volunteer Organization
- ☐ Clinical
- ☐ Managed Care/Primary Care
- ☐ University
- ☐ Non-Government Organization
- ☐ Other (specify)
- ☐ Federal Health Agency
- ☐ State Education Agency
- ☐ \_\_\_\_\_
- ☐ Local Health Department
- ☐ State Health Department
- ☐ \_\_\_\_\_

## TYPE OF WORK ACTIVITY

- ☐ Administration/Management
- ☐ Patient Care
- ☐ Teaching
- ☐ Community Health
- ☐ Planning
- ☐ Training
- ☐ Consulting
- ☐ Policy
- ☐ Other (specify)
- ☐ Evaluation
- ☐ Surveillance
- ☐ \_\_\_\_\_
- ☐ Health Promotion/Education Research
- ☐ \_\_\_\_\_
- ☐ Health Communication/Social Marketing

## Cancellations

Cancellations received in writing by close of business August 31, 2006, will be refunded, minus an administrative fee of \$35 for student and \$75 for all other registrations. No refunds will be provided for cancellations received after August 31, 2006.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Once your registration form has been processed, you will receive a confirmation either by email or fax.

## Registration Questions:

Phone: 404-633-6869 ext. 7010

Email: [healthpromotion@team-psa.com](mailto:healthpromotion@team-psa.com)